

1. CIR./DIST./MC CODE TNW	2. PERSON REPRESENTED Miller, Frankie	3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:05-010056-002	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Miller		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense 1) 18 922G. F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMM					

FILED BY

DC

AUG 16 2005

PM 12:47

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Hooper, Bob 250 N Parkway Suite 29 Jackson TN 38305  Telephone Number: (731) 664-4499	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's Name: _____ Appointment Date: _____  <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 08/05/2005
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Law Offices of David Camp, PLLC 250 N Parkway Suite 29 Jackson TN 38305	Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO Nunc Pro Tunc Date

## CLAIM FOR SERVICES AND EXPENSES

## FOR COURT USE ONLY

CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. a. Arraignment and/or Plea					
b. Bail and Detention Hearings					
c. Motion Hearings					
d. Trial					
e. Sentencing Hearings					
f. Revocation Hearings					
g. Appeals Court					
h. Other (Specify on additional sheets)					
(Rate per hour = \$ )	TOTALS:				
16. a. Interviews and Conferences					
b. Obtaining and reviewing records					
c. Legal research and brief writing					
d. Travel time					
e. Investigative and Other work (Specify on additional sheets)					
(Rate per hour = \$ )	TOTALS:				
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS  Final Payment  Interim Payment Number  Supplemental Payment  
 Have you previously applied to the court for compensation and/or reimbursement for this case?  YES  NO If yes, were you paid?  YES  NO  
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, give details on additional sheets.  
 I swear or affirm the truth or correctness of the above statements.

Signature of Attorney: \_\_\_\_\_ Date: \_\_\_\_\_

## APPROVED FOR PAYMENT -- COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE

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# Notice of Distribution

This notice confirms a copy of the document docketed as number 40 in case 1:05-CR-10056 was distributed by fax, mail, or direct printing on August 16, 2005 to the parties listed.

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Bob C. Hooper  
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Jackson, TN 38305

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U.S. ATTORNEY'S OFFICE  
109 S. Highland Ave.  
Ste. 300  
Jackson, TN 38301

Honorable James Todd  
US DISTRICT COURT